



Provider Quick Reference Guide

MOLINA IMPORTANT NUMBERS

PROVIDER SERVICES

Bexar, Harris, Dallas & Jefferson Service Areas
866-449-6849

CHIP Rural Service Area
877-319-6826

CONTRACTING

mhtcontracting@molinahealthcare.com

- How to join the network
- Contract Clarifications
- Fee schedule inquiries

CUSTOMER SERVICE (MEMBERS AND PROVIDERS)

- Claims Status
- Member Eligibility
- Benefit Verification
- Complaint & Appeals Status
Bexar, Harris, Dallas & Jefferson Service Areas
(Voice) 866-449-6849
(Fax) 281-599-8916
CHIP Rural Service Area
(Voice) 877-319-6826
(Fax) 281-599-8916

MEDICAL MANAGEMENT

- Prior Notification
- Prior Authorization
- Referrals
- Disease Management
STAR+PLUS Service Coordination
Department
(Voice) 866-409-0039
(Fax) 866-420-3639

SERVICE COORDINATION

866-409-0039
Fax 866-420-3639

NURSE ADVICE LINE

- Clinical Support for Members
888-275-8750 (E) or 866 648-3537 (S)

DENTAL SERVICES

Liberty Dental:
Bexar, Harris, Dallas & Jefferson Service Areas
888-359-1084

VISION SERVICES:

(www.opticarevisionplans.com;
provrel@opticare.net)
800-368-4790 (CHIP)
866-492-9711 (STAR)
877-832-4118 (STAR+PLUS)

BEHAVIORAL HEALTH SERVICES

800-818-5837
BH Fax for Prior Authorization
866-617-4967
For Behavioral Health Services in Dallas
Service Area (STAR+PLUS), please call
NorthSTAR at (888) 800-6799

ELECTRONIC CLAIMS SUBMISSION VENDORS

- Payor Identification for all - 20554
- Availity, Zirmed, Practice Insight, SSI & EMDEON

PAPER & CORRECTED CLAIMS ADDRESS

P.O. Box 22719
Long Beach, CA 90801

APPEALS ADDRESS

15115 Park Row Blvd. Suite # 110
Houston, Texas 77084
Bexar, Harris, Dallas & Jefferson Service Areas
866-449-6849
CHIP Rural Service Area
877-319-6826

MOLINA COMPLAINTS ADDRESS

N.E. Loop 410, #200,
San Antonio, TX 78216
Bexar, Harris, Dallas & Jefferson Service Areas
866-449-6849
CHIP Rural Service Area
877-319-6826

MEDICAID CONTACTS

NPI # REQUEST

<https://nppes.cms.hhs.gov>
800-925-9126

STAR & STAR+PLUS PROGRAM ENROLLMENT

PCP Information
Plan Changes
Health Plan Information
800-964-2777

MEDICAID HOTLINE

800-252-8263

CHIP MEMBER ENROLLMENT

800-647-6558

CHIP ELIGIBILITY

800-645-7164

STAR LINK ADVOCATE

General Member Assistance
866-566-8989

THSTEPS

STAR & STAR+PLUS
877-847-8377

MEDICAL TRANSPORTATION PROGRAM (MTP)

STAR & STAR-PLUS
877-633-8747

MEDICAID PROGRAM MEMBER

Verification (NAIS)
800-925-9126

FAMILY PLANNING PROGRAM

512-458-7796

EARLY CHILDHOOD INTERVENTION

800-628-5115

VENDOR DRUG PROGRAM (VDP)

Provider Number 800-435-4165
Member Number 800-252-8263

TEXAS VACCINES FOR CHILDREN PROGRAM

800-252-9152

TEXAS DEPARTMENT OF INSURANCE

HMO Division 512-322-4266
HMO Complaint 512-305-6745
Consumer Division 512-463-6500
Consumer Hotline 800-525-3439

EPORTAL TECHNICAL SUPPORT

866-449-6848



Effective April 1, 2011

Medical Services

How to Request an Authorization:

Current (up to 6 months), adequate patient history related to the requested services should be submitted when seeking prior authorization. Examples of information needed include:

- Physical examination that addresses the problem
- Lab or X-ray results to support the request
- PCP or Specialist progress notes or consultations
- Any other information or data specific to the request

To obtain a prior auth, please fill out form in the attachment section within Provider Manual completely and fax to number located on top of Service request form (Fax # 866-420-3639). If you have an urgent request, please mark on fax "URGENT". Urgent requests are usually processed within 24-72 hours. If it needs to be processed Stat, please call 866-449-6849 (Bexar, Harris, Dallas & Jefferson Service Areas) or 877-319-6826 (CHIP Rural Service Area).

Procedures/Services Requiring Prior Authorization:

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| <ul style="list-style-type: none"> • Referral to any Non-Participating Physician • Ambulance transfer (non-emergent) • All Admissions – elective, urgent, or emergent (i.e., Hospital, Physical Rehabilitation, Skilled Nursing Facilities, or LTAC) • Bariatric Surgery • Breast Reconstruction, Reduction, or Augmentation • Chemotherapy – Initial Therapy and Changes in Protocol • Cosmetic Procedures • Durable Medical Equipment if cost/rental is greater than \$500 per line item for Medicaid covered benefits • All Home Health Care Services including PT/OT/ST in the home • Outpatient Rehabilitation Services – Physical and Occupational, No prior authorization required for first 8 visits for Physical and Occupational Therapy. No prior authorization required for initial evaluation. • Speech Therapy Services - Prior authorization required for ALL Speech Therapy services, except for initial evaluation. • Pulmonary Rehabilitation – Initial 9 visits do not require prior authorization; additional visits require prior authorization • Cardiac Rehabilitation – Initial 18 visits do not require prior authorization; additional visits require prior authorization • Orthotics and Prosthetics • Outpatient MRI, MRA, PET, SPECT, CT Scans and Nuclear studies • OB Prenatal Care: Notification after first prenatal visit to facilitate coverage of newborn and any case management needs | <ul style="list-style-type: none"> • CHIP/CHIP Perinate Program - Prior authorization is not required for the first 20 prenatal visits and 2 post natal visits (maximum within 60 days) – visits beyond these limits require prior authorization • Pregnancy Ultrasounds > 2 regardless of diagnosis • All Outpatient and Ambulatory Surgery Center Procedures <u>except</u> bronchoscopy, colonoscopy, herniorrhaphy, myringotomy and tympanoplasty, GI endoscopy, biopsies, tonsillectomy/adenoidectomy circumcision (newborn and phimosis-20 years of age or younger), cystoscopy and sterilization (signed consent form 30 days prior to procedure is still required) • Pain Management Program and treatment • Enteral Formulas and Nutritional Supplements • Genetic Testing • Hearing Aids • Wound Vacuum Device • Hyperbaric Oxygen Therapy • Home IV Infusion • Sleep Studies • Transplant Evaluation and/or Procedures • Day Activity and Health Services* • Attendant Care/Personal Assistance Services* • Adult Foster Care* • Assisted Living/Residential Care Services* • Home Delivered Meals* • Minor Home Modifications* • Respite Care Services* • Transition Assistance Services* • Injectibles (when charges are greater than \$250 per line item) • Unlisted Procedures • Medically necessary non covered benefits <p>*For STAR+PLUS Members Only.</p> |
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